MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	17						
2	1	1/					
3	\vdash	 					
4		 / 			 		
	 	/					
5		X			 		
6	 /	\vdash			ļ		
7_		-\		ļ			
8	/	-					
9	l/						
10	V		,				
11	Λ						
12	\Box						
13	\Box						
14							
15	\sum	/					
16	X						
17							
18							
19							
20							
21	\						
22							
23		/					
24							
25	$\vdash \bigvee$						
26	\wedge						
27	/				<u> </u>		
28	/						
29	/						
30	/	 \ 					
31		 					
32	$\overline{}$	 					
33	$\overline{}$	+					
34	 \	/					
	\longrightarrow	[
35	$\vdash \!$	 		 	 		
36	 / 	 \ 					
37	 /	 -\ -	<u> </u>	-			
38	 				ļ		
39	 	\vdash		ļ	ļ		
40	K						
41	 	/					
42	<u> </u>		 				
43	1-7-	/			 		
44		<u>{</u>	ļ		ļ		
45	$\perp \perp /$		 	ļ	ļ		
46							
47			<u> </u>				
48		$\Box \Box$					
49		1 - 1					
50	1	1 1	T				
TOTAL	1	<u> </u>	<u> </u>			_	
IND.	 	_			<u> </u>		
DEP.	1		<u> </u>				
TOTAL CLAIMS		7 - 4	1	M		4.	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			<u> </u>			
52						
53						
54						
55	1					
56	1					
57		1				
58		1				
59		1				
60		į.				
61		' /				
62		/		***		
63						
64		/				
65		7				
66						
67	X	\				
68						
69						
70						
71	7					
72	-					
73						
74						
75						
76		1				
77		ما				
78		' '_				
79						
80						
81	$ \angle $					
82						
83	/					
84						
85						
86						
87		1				
88		1				
89	.	i				
						
91 92	$\vdash \setminus -$			-		
93	- /-	/				-
93	 \	/				
95	<u> </u>	X				
96	-					
97	-/	\vdash				
98	$\vdash / -$	- \ - 				
99	1					
100	;	 		-		
TOTAL	/		1			
IND.	3					_1
TOTAL DEP.	14					
TOTAL CLAIMS	12					* *

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
	•
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	OEP.	IND.	DEP.	IND.	DEP.
1	(
2	V.			_		
3		 				
4					 	-
- 5		/		 		
6		/	*****			
7	 					
8	 X	I				-
9	 					
10	//			·		
11	//	\				
12	1					
13	/					
14	/ 					
15					<u> </u>	
16						
17						
18						
19						
20						
21						
22			·			
23						
24						
25						
26						
27						
28						
29			-			
30						
31					-	
32						
33						
34			-			
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	1	-		_		-
IND.	ļ	Į.				_!
DEP. TOTAL CLAIMS						_
TOTAL	1	4, 1		4445		W , ···

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				İ		
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81			-			
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94 95						
96 97						
98						
98						
100						
TOTAL						
IND.]			
TOTAL DEP.		-		-		-
TOTAL CLAIMS		W 402	i	Alles		EXCEP.
Lecamo				e / Simon of the second		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS